

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 827172 (8)
1. Corporation Name
TREE FARM DEVELOPMENT CORPORATION



Principal Place of Business 23 LEXINGTON AVE CAMBRIDGE MA 02138	Mailing Address 23 LEXINGTON AVE CAMBRIDGE MA 02138-3318
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3. Date Incorporated or Qualified 12/14/1971	3a. Date of Last Report 04/29/1996
4. FEI Number 04-2504485	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DIEHL, EDWARD L.	
STREET ADDRESS	23 LEXINGTON AVE.	
CITY - ST - ZIP	CAMBRIDGE MA	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PLIAKAS, EUSTACE	
STREET ADDRESS	1 OLD STONE SQUARE	
CITY - ST - ZIP	PROVIDENCE RI	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BIRD, DAVID	
STREET ADDRESS	86 FRESH POND LANE	
CITY - ST - ZIP	CAMBRIDGE MA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KIBBE, JOHN F.	
STREET ADDRESS	23 LEXINGTON AVE.	
CITY - ST - ZIP	CAMBRIDGE MA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, ROBERT L.	
STREET ADDRESS	140 WORTHEN RD.	
CITY - ST - ZIP	LEXINGTON MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STD
2.3 STREET ADDRESS	Pliakas, Eustace
2.4 CITY - ST - ZIP	134 Blackstone Blvd. Providence, RI
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PD
5.3 STREET ADDRESS	Smith, Robert L.
5.4 CITY - ST - ZIP	1010 Waltham Street Lexington, MA
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John F. Kibbe **JOHN F. KIBBE** 3/24/97 617-547-3139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00000000

CR2E034 (9/96)